

CoPEC Standards Subcommittee

January 19, 2017

Lentz: Centennial Room C

11:30 a.m. – 4:30 p.m. CST

Committee Members Present: Kevin Brinkmann, Rich Wendorf, Marvin Hall, Samir Shah, Mark Heulitt

Also Present: Rhonda Phillippi, Julianna Herod, Ann Rutherford Red, Brad Stroehler, Kyonzte Hughes-Toombs

1. Topics for Discussion were reviewed and no changes brought forth (see below).
2. Discussions were held on requirements for subspecialty care providers at any level of PICU.
 - a. Group consensus on requiring a Pediatric Critical Care Physician, Pediatric Surgeon, Pediatric Cardiologist and a Pediatric Radiologist. Also required are an Anesthesiologist, Neurosurgeon, and Otolaryngologist and Neurologist with preference for but no requirement for pediatric subspecialty board certification. With regards to a Pediatric Neurologist, Drs. Shah and Hall voted for and Drs. Brinkmann, Heulitt and Wendorf voted against.
 - b. Comment made during this discussion by Ann Rutherford Reed that the PECF rules set minimum standards. Further comment and agreement by the committee that quality of care be maintained at either level of PICU.
3. Discussion on remaining items on Table 1
 - a. Draft copy of this was lost due to equipment failure and to be readdressed at the next meeting.

PICU TOPICS FOR DISCUSSION

Definitions

1. Definition of a PICU.
2. Level(s) of PICUs
 - (1) Two separate levels vs. one minimum standard level for all PICUs
 - (2) A designation standard for PICU vs. Pediatric Special Care Unit
 - (3) Would all facility levels be able to have a PICU?
3. Should we define which patients count as PICU patients?

Administration

1. Define how TN PICUs maintain competency in key areas – Ventilation, Resuscitation, Vascular Access, etc.
2. Subspecialty requirements for PICUs – Essential and desired
3. PICU Team composition requirements
4. Nurse to patient ratios
5. Quality Improvement Programs
 - (1) Discuss participation in the Virtual Pediatrics System national database or a TN State-wide database

Admissions, Discharges and Transfers

1. Define what would be considered as safe, timely transfer of critically ill children to higher level of care.

Basic Functions

1. Should there be minimum admission volume requirements?
2. Do we need PICUs to define minimum number of patients requiring mechanical ventilation support?
3. PICU Medical Director requirements
4. On call physician coverage requirements for PICU
5. PICU Staff and Nurse manager requirements
6. Feedback on architectural and building codes / requirements from the state.

Table Revisions:

1. Adding an additional column to the table vs. a footnote designation for requirements for having a PICU

Surveyor Guidance Interpretive Guidelines

1. Topics to be addressed further in the Surveyor Guidance Interpretive Guidelines.

Approved: 11 December 2017